"The scientific spirit is of more value than its products and irrationally held truths may be more harmful than reasoned errors."

"Ecclesiaticism in science is only unfaithfulness to truth."

"Science commits suicide when it adopts a creed."

"Better live a crossing-sweeper than die and be made to talk twaddle by a "medium" at a guinea a *séance.*"

"Science reckons many prophets, but there is not even a promise of a Messiah."

"Thoughtfulness for others, generosity, modesty and self-respect, are the qualities which make a real gentleman or lady, as distinguished from the veneered article which commonly goes by the name."

F. H. GARRISON

THE WESLEY M. CARPENTER LECTURE

ON THE UNDERSTANDING AND PRACTICAL MANAGEMENT OF NERVOUS PATIENTS, PARTICULARLY OF THE NERVOUS WOMAN

LEWELLYS F. BARKER, M.D., Baltimore

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How best to try to be of help to "the nervous woman" is a problem that every general practitioner and, indeed, every medical or surgical specialist has, almost daily, to face. Even the well-trained neuro-psychiatrist does not lightly estimate the difficulties of this problem, for he, better than the rest of us, knows how various the task presented can be, how diverse are the remedial measures necessary for the successful management of different neurotic and psychotic states among women. When we recall that by the terms "neurosis" and "psychosis" we refer by no means to uniformities but to collections of unlike things, to groups and to subgroups of abnormal nervous and mental states of the most different sorts; when we ponder over the almost endless possibilities of human personalities that are provided for, indeed inescapably determined by the myriad shufflings of Mendelian unit characters in inheritance, on the one hand, and, on

the other, by the lack of sameness of environmental conditions either for any two human organisms or for the different stages of the evolution and involution of any single person; and when we further remember how difficult it is to understand the real springs of behavior, the forces that condition "the pulse and rhythm of the soul," even in ourselves, we must realize that the task of helping individual nervous patients to get well is no small undertaking. Surely, if, as Montaigne said, "man is a wonderfull, vaine, divers, and wavering subject" and "it is hard to ground any directly-constant and uniforme judgment upon him," the statement is particularly true of the "female of the species." How few men there must be who have full confidence in their knowledge of the mind of woman! Even Solomon, who is reputed to have been the husband of 700 wives and the master of 300 concubines, who seems to have been "a connoisseur of femininity," collecting women as other rulers have collected jewels or porcelain, must at odd moments have met with phenomena of mind and character that puzzled him, especially among the nervous wives and concubines. Is it at all surprising that those of us who entered upon the practice of medicine before there were any modern neuropsychiatric clinics in the medical schools often find ourselves inadequate and at our wits' end to cope with the ever-changing exigencies that press upon us when we attempt the guidance of the lives of neurotic and psychotic women? Such guidance is, perhaps, not every medical man's *métier*. But since it falls, at least sometimes, to the lot of almost every medical man to assume the responsibility of showing "nervous women" the way, it may be worth while to devote at least one of these Carpenter Lectures to an account of some of the measures that the accumulated experience of the profession has shown to be of value.

Intelligibly to deal with this topic necessitates at the very beginning some clearer conception of the nature of the work we undertake to do. We must ask ourselves, With what abnormal conditions, precisely, have we to deal? Well, my understanding of what is meant by a "neurotic woman" is one whose personality reactions, whose neural and mental responses to the stimuli of the situations of life in which she finds herself, are inadequate.

This inadequacy of reaction depends very often upon abnormalities of her own organism, sometimes upon extraordinary influences in her surroundings, most often, perhaps, upon both. A woman who has a healthy nervous system and a sound mind will, in general, react suitably and advantageously to average environmental circumstances; even in surroundings that are unusual, she will, as a rule, respond by thoughts, feelings and behavior that are conducive to her own welfare, to the benefit of those who are closest to her, and to the good of society in general. She may not, it is true, be capable of withstanding all the violences of outrageous fortune; no human being can do that. There are environments in which the functions of the strongest nervous system must fail; there are surroundings in which the richest personality and the sanest mind are bound to falter, even to succumb. But, set within environing conditions the limits of which are not extravagant, a normally-nerved and normally-minded woman will answer to them, for the most part, in ways that are compatible with her own and the common weal. Not so the woman of constitutional neurotic and psychotic trend; though she may preserve stability and manifest adequacy of response during certain periods and under moderate environmental stresses, at other times, or in other circumstances, she will show insufficiency, or what may seem to be perversity, of response; her thoughts, her emotions or her conduct will reveal a lack of harmony with the demands made from without upon her, with the result that she herself may suffer and those about her may find their burdens increased. The task of the physician in such cases would seem then to involve (1) a study of the inadequacy of response, (2) a search for the causes of the inadequacy, and (3) the application of remedies that will restore responsivity to normal when that is possible, or that will at least lessen irresponsivity and mitigate the personal and social sufferings that result from it.

Varieties of Inadequate Nervous and Psychic Responsivity

The layman who hears of a "nervous breakdown" has but little if any conception of the multitude of different abnormal nervous and mental states for which this vague term may be

used as a name. The physician, of course, knows that it may be applied to any one of a whole series of pathological states (either "organic" or "functional") in which the nervous functions (sensibility, motility, reflexes and coördination) may be seriously involved; or the mental functions (thinking, feeling and striving) may be diversely concerned. Organic nervous diseases (like apoplexy, brain tumor, lues cerebri, tabes dorsalis and lethargic encephalitis), outspoken psychoses (like manic-depressive insanity, dementia praecox, paranoia and the toxic-infectious psychoses), psychoneuroses (like neurasthenia, hysteria, anxiety neurosis, psychasthenia), and even the defective and delinquent states (imbecility, moral perversity, criminality) are all included under the layman's convenient and least opprobrious designations: "nervousness" and "nervous breakdown"! They are all conditions that make those suffering from them unequal to everyday life in families, in schools, in economic organizations or in other social groups; and they may make temporary or permanent removal from such groups necessary, not only for the sake of the patients themselves but also for that of their companions.

In addition to the several groups of states of irresponsivity, just mentioned, there occur among women a host of states of semi-responsivity of the nervous system and of the psyche, or what the layman might call "partial nervous breakdown." I refer to the so-called psychopathic states manifested by persons who are always coming more or less into conflict in one way or another with those about them. You know them well; they include the chronic complaining type, the gambler, the lazy and shiftless hanger-on, the vagrant, the drug addict, the inebriate, the crass egoist, the hostile misanthrope, the malicious gossip and backbiter, the divorce-producer, the homosexual, the litigious, the fanatical reformer, and various other socially inadequate persons. If we include all these among "the neurotic," obviously we have to deal with a truly motley group!

As I have said, the first task of the physician who is to treat anyone of these persons is to determine, as precisely as possible, which nervous and mental functions are impaired; to what extent; and why. This requires a thoroughgoing anamnesis, a comprehensive examination of all the structures and functions of the body aside from the nervous system, as well as a special investi-

gation of the nervous and psychic functions themselves. It is in such cases that the general practitioner often does well to avail himself of the group method of diagnosis, calling to his aid in the diagnostic study a neurologist, a psychiatrist and any other medical or surgical specialists that he may think desirable. For mistakes in the treatment of the "neurotic woman" are probably fully as often dependent upon insufficiency of diagnostic study as upon faulty judgment in the choice of therapeutic measures to be applied. To overlook an abscessed tooth, pus in an antrum, a lead line upon the gums, or an active tuberculous lesion at one apex; to fail to make a Wassermann test; to ignore the existence of arterial hypertension, of anaemia, of uricaemia, of glycosuria, of hyperthyroidism, of cholecystitis or of diverticulitis; to neglect inquiry into habits of diet, of dress, of work, of exercise, of sleep, of rest and recreation, of sexual indulgence, or of familial and social relationship; or to remain ignorant of suicides, divorces, "nervous breakdowns," mental disorders and defects or moral delinquencies among the relatives, may be of far greater import to the patient than a decision upon what form of drug-therapy to apply, what kind of hydrotherapy to recommend, or what methods of suggestion, persuasion or psychoanalytic procedures may best be employed.

The study of the mental state of the neurotic woman should be especially thoroughly made. It should include inquiries into everything that has a bearing upon her thinking, her feeling, and her striving. It requires careful analysis of the make-up of the personality of the patient, an investigation of her reaction-type, a survey of the more important situational influences impinging upon her, and a recording of all discoverable vagaries in her ideas, her moods and her behavior.

Modern psychiatrists are trying to explain the symptoms of nervous and mental disorders on the basis of their knowledge of the development of the human individual on the one hand and of the human race on the other. There seems to be much in favor of the contemporary view that the symptoms of nervous and mental disorders can often be better understood if they are conceived of as though they depended upon revivals of function of phylogenetically and ontogenetically preformed structures, as though the so-called "unconscious" and its organic substratum,

the autonomic nervous system, came into prominence, because of faulty development, or because of enfeeblement, of the higher parts of the cerebral system. Certainly, the thoughts, the feelings, and the behavior of neurotic and psychotic women often exhibit a striking resemblance to the mental states that we know to be characteristic of early childhood,[1] on the one hand, and of primitive races[2] on the other; the psychoses and the neuroses make one think of states of "psychic infantilism" or of "psychic atavism" since there seems to be an arrest at, or a "retrogression" to, the stages of the vaguer, less differentiated fantastic psyches of the child and of the savage, with their characteristic imagery and symbolism. Such views, as you will recognize, are more or less in accord with the well-known English conception of "functional levels" in the nervous system (Hughlings Jackson), with the French conception of an hierarchical system of the nervous and mental functions of which the uppermost are disturbed in the neuroses (Pierre Janet), and with the German clinical conception that attributes neuropsychotic syndromes to disturbances of the higher regulating mechanisms (those that are both racially and individually the latest to develop) so that a renewal of activity, or even of dominance, of the mechanisms

[1] Norsworthy (N.), and Whitley, (M. T.). Psychology of childhood. N. Y., 1918. Macmillan. 375 p.

Rasmussen (V.). Child-psychology. 3 vol., N. Y., 1922. Knopf.

Bühler (C.). Das Seelenleben des Jugendlichen. 2. Aufl., Jena, 1923.

Stern (W.). Psychologie der frühen Kindheit. 3. Aufl., Leipzig, 1923.

[2] Rivers (W. H. R.). History and ethnology. N. Y., 1922. Macmillan. 32 p.

Freud (S.). Totem and taboo; resemblances between the psychic lives of savages and neurotics. Engl. Transl. by A. A. Brill. N. Y., 1918. Moffatt, Yard & Co. 265 p.

Preuss (K. T.). Die geistige Kultur der Naturvölker. Leipzig, 1914.

Marett (R. R.). Psychology and folk-lore. N. Y., 1920. Macmillan. 275 p.

Baynes (H. G.). Primitive mentality and the unconscious. Brit. J. M. Psychol., 1924, IV, 32–49.

Storch (A.). The primitive-archaic forms of inner experiences and thought in schizophrenia. Transl. by Clara Willard. N. Y., 1924. Nerv. and Ment. Dis. Pub. Co. 111 p.

Suttie (I. D.). A critique of the theory of mental recapitulation. J. Neurol. and Psychopathol., Lond., 1924, V, 1–12.

that are lower in rank is permitted (E. Kraepelin). Not that satisfactory explanations of the neuroses and psychoses are, as yet, easy to arrive at! But those who are attempting these genetic methods of interpretation are convinced that ideas of development are decidedly of heuristic value and that advances in this direction may be expected to become ever more important for a deeper understanding of the nervous and mental symptom-complexes that we meet with clinically. Though we are, as yet, lamentably, terribly far from any comprehensive knowledge of the series of steps in the psycho-biological development of man, of the successive synthetic systems of increasing rank through which Nature gradually works upward to the "highest human totalities," none-the-less, the modest attempts that have already been made in the direction of a genetically-oriented mode of consideration of pathological nervous and mental states, of conceiving of them as manifestations of a disorganization of the synthesis of the subordinated partial systems of which the total framework of the human personality is composed, are certainly very encouraging.[3] It would, however, be premature to base, at present, our diagnoses or our therapy solely upon theories of regression to infantile psychic stages or to archaic-primitive mental states, for our knowledge of these stages and states is, as yet, far too limited for such foundation.

It is obvious, however, that we must look upon the neuroses and the psychoses of woman as disorders of her personality, considered as a whole; they are maladaptations because of faulty integration. For the advance of psychopathology and of the practice of psychotherapy, therefore, there is urgent need of a better understanding of the psycho-biological organization of the healthy human personality and of the successive stages that it passes through in individual and in racial development. To this, the results of investigation in a whole series of scientific domains —anatomical, chemical, physical, general clinical, psychical (including folk-psychological as well as individual-psychological), social and historical—must from now on be made to contribute. The time will surely come when the thinking, the feeling and the strivings of men and women will be better understood and can

[3] *Cf.* Storch, A. Der Entwicklungsgedanke in der Psychopathologie. Ergebnisse der innere Medizin, 1924, xxvi, 774–825.

more profitably be directed because of the growth of knowledge of what may be called the "natural history of the soul."[4]

Let me emphasize the fact again, that unless the general practitioner has kept pace with modern psychological and psychiatric studies, he will do well when he is called upon to direct the life of a neurotic or psychotic woman to enlist, at the very beginning, the aid of a neuro-psychiatrist, asking him for a comprehensive and detailed written report on the results of his examination of the patient and for his specific psychotherapeutic recommendations. For often a skilful neuro-psychiatrist can, in the course of a single interview, secure a greater wealth of information concerning cognitive difficulties, sense-deceptions, obsessions, pathological ideas, abnormalities of mood, distressing dreads and fears, perturbing anxieties and emotions, troublesome apathies or aboulias, irresistible impulsions, and perverse tendencies, on the one hand, and concerning abnormal familial, social,[5] and economic situational conditions, on the other, than would be thought possible by the practitioner unacquainted with the way to elicit such data. Familiar with the ego-instincts, the sex instincts and the herd instincts, with their various modes of manifesting themselves in the psyche, and with the strange mental conflicts that may result from their rivalry for satisfaction, the trained neuro-psychiatrist will often detect meanings in physical and psychical symptoms that would scarcely occur to the uninitiated.[6] Knowing the tremendous influence of feelings of inferiority upon thought and behavior, he may discern in the symptoms of the neurasthenic, the psychasthenic or the hysterical woman, pathetic

[4] *Cf.* Bleuler (E.). Naturgeschichte der Seele und ihres Bewusstwerdens. Berlin, 1921.

[5] Dunham (F. L.). An approach to social medicine. Baltimore, 1925, Williams & Wilkins Co., 242 p.

[6] MacCurdy (J. T.). Problems in dynamic psychology. N. Y., 1922, Macmillan, 383 p.

Ferrero. Les lois psychologiques du symbolisme. 1895.

Frazer (Sir J. G.). Golden bough; a study in magic and religion. Abridged ed., N. Y., 1923, Macmillan, 752 p.

Freud (S.). Psychopathology of every-day life. Transl. by A. A. Brill. N. Y., 1917, Macmillan, 341 p.

Ferenczi, S. Stages in the development of the sense of reality; *also:* Introjection and Transference. *In:* Sex in psychoanalysis. Transl. by E. Jones. Boston, 1920. R. G. Badger.

attempts at compensation, desperate resorts to genetically older modes of function, such as are made use of by children or by primitive peoples for coping with situations that they find difficult or unbearable. In my own work as an internist, I have been greatly indebted to my psychiatric colleagues for the reports they have given me upon the psychic assets and liabilities of patients that I have referred to them for examination; their comments upon the modes of reaction of uncompensated personalities, upon their efforts to evade the facing of intolerable realities, upon their strivings for security and superiority when under the burden of feelings of insufficiency, have been most helpful in enabling me to arrive at just conclusions regarding the constitutions and situations of persons who were inadequate in their biological responses. For many valuable hints also regarding the best mode of psychotherapeutic attack in given cases and concerning desirable changes in the milieu of patients, I have often been indebted to coöperating psychiatrists. I can, therefore, heartily recommend that practitioners who have not yet become acquainted with the aid and comfort derivable from consultations with sensible and competent psychiatrists to give them a trial when they find themselves a little at sea in deciding how best to be of help to a given "neurotic woman." Note well, however, that I say "sensible and competent" psychiatrists, for the "help" of fanatical psychiatric doctrinaires is all too likely to prove to be but a delusion and a snare! There are, I fear, certain one-sided "individual-psychological" psychiatrists, one-sided "somatological" psychiatrists, one-sided "sexual psychoanalysts," one-sided "endocrine" psycho-specialists, and one-sided "surgically-tendentious" psychiatrists who can get us into more troubles than they pull us out of!

When trying to decide as to the *nature* of the psychotic or the psychoneurotic disorder existing in a given patient, familiarity with the composition of the principal types of syndromes that are known to occur is most helpful for the determination of the nosological position of the complex of symptoms under study. One who knows the characteristic marks of the abnormal mental reaction-types[7] that we know as the hysterical, the psychasthenic,

[7] Meyer (A.). The problems of mental reaction-types. Psych. Bull., N. Y., V, 252.

Kempf (E.). Psychopathology. St. Louis, 1920. Mosby. 762 p.

the neurasthenic, the hypochondriacal, the manic-depressive, the systematic paranoic, and the schizophrenic will not easily miss them, even when they are more or less masked by covering or coloring symptoms. Occasionally they will escape immediate detection, even by veteran observers; I have known, among the false cardiopaths, the false gastro-enteropaths, and the false arthropaths, organic somatic syndromes to be closely so simulated by psychoneurotic disorders as temporarily to deceive not only experienced surgeons and internists but also professors of psychiatry! "Let him that thinketh he standeth take heed lest he fall."

Valuable clues can sometimes be gained by consideration of the accompanying physical habitus. Studies of the relationship of bodily make-up or physique to temperament and character have shown us the frequent correlation of the "apoplectic" or "pyknic" habitus with a predominantly "cycloid," "sympathetic" or "syntonous" character-trend and of the "asthenic" habitus, the "athletic" habitus and the "dysplastic" habitus with a predominantly "antipathetic-apathetic" or "schizoid" trend;[8] psychotic states occurring in persons of apoplectic habitus, accordingly, are not infrequently of the cyclic, elation-depression type, whereas those occurring in persons of asthenic-athletic-dysplastic habitus are more often, perhaps, of the dissociative and deteriorative type. But great caution should here be observed, for "mixed" types occur that are very puzzling, even when the inheritance is carefully studied. Similarly, a consideration of the principal "normal" psychological reaction types (in the sense of Jung), or of the mental characteristic of persons of differing "endocrine formulae,"[9] may throw important side-

[8] Kretschmer (E.). Physique and character. Eng. Transl. N. Y., Harcourt Brace & Co. 1924.

[9] Fischer (H.). Der Rolle der inneren Sekretion in den körperlichen Grundlagen für das normale und kranke Seelenleben. Zentralbl. f. d. ges. Neurol. & Psychiat., Bd. xxxiv, Heft. 4. *Also:* Psychiatrie und innere Sekretion. Psychiat.-neurol. Wchnschr., Halle a. s., 1922–1923, xxiv, 211; 225; 244; 255.

Timme (W.). Childhood inadequacy in relation to internal glandular system. Am. J. Psychiat., Balt., 1925, iv, 499–502.

Pardee (I.). The problems which endocrinology presents. M. J. & Rec., Suppl., N. Y., 1925, cxxi, 166–170.

Bauer (J.). Constitution and the endocrine glands. Deutsche med. Wehnschr., 1925, li, 269–270.

lights upon the nature of a nervous and mental disturbance. Thus, women of the asthenic, extrovert reaction-type are more prone to certain varieties of psychosis, those of the more asthenic, introvert reaction-type to certain other varieties. Again, the nervous and mental reactions of the hyperthyroid woman differ markedly, as every practitioner knows, from those of the hypothyroid, as do also those of the hyperpituitary woman from those of the woman exhibiting adiposo-genital dystrophy.

Causes of Nervous and Mental Inadequacy

When inquiring *why* a given woman is neurotic or psychotic, one works on two biological principles: (1) that each human organism (both in structure and in function) is the resultant of a fertilized egg-cell (fused paternal and maternal gametes) reacting serially with temporally differing surroundings (from the prenatal period through the infantile, the pre-adolescent, and the adolescent periods to that of adulthood), and (2) that all the potentialities of (or dispositions to) development lie within the germ-plasm, whereas the realization (or non-realization) of those potentialities depends upon the successive environments to which the organism is exposed.[10] The "constitution" of a given woman at a given moment is, therefore, partly inherited (genotypic) and partly acquired (paratypic); and the functional responses of that moment are to be regarded as reactions of this inherited-acquired "constitution" to the influences of the contemporary environmental "situation." One's task as diagnostician is, then, to ascertain in how far each presenting neurosis or psychosis is "constitutional" in origin and in how far "situational."

The "inherited constitution" may be faulty, for it is believed that the disposition to abnormalities of intellect or character, to elation-depression states, to dissolution states, to mental deficiency, or to emotional instability and volitional delinquency (character defects) may run in families because of Mendelian

[10] *Cf.* Conklin (E. G.). Heredity and environment in the development of men. 5th ed., Princeton Univ. Press, 1923.

Also: Child (C. M.). Physiological foundations of behavior. N. Y., 1924, H. Holt Co. 330 p.

Also: Herrick (C. J.). Neurological foundations of animal behavior. N. Y., 1924, H. Holt Co. 334 p.

transmission through the germ-plasm; or the "acquired constitution" may be faulty, through intrauterine adversity, or through postnatal misfortunes in the form of infections and intoxications, of faults in physical, mental and moral education and habit formation, or of exposure to undue stresses and strains in the family, in the school, or in struggles for economic security, for social position, or for the gratification of other ambitions. Lack of purposeful upbringing, of judicious physical and psychical hardening in childhood, of education to self-control, of suitable vocational guidance, and of the timely solution of inner conflicts during adolescence may often be responsible for the acquisition of neuropathic constitutions. In women, faults of personal hygiene especially at puberty, at the menstrual periods, during pregnancy, after child-birth, or at the time of the menopause may be harmful. Some women become thus "constitutionally" so predisposed to neuropathy and psychopathy that they are unequal to the ordinary "wear and tear" of life, to say nothing of their vulnerability to those extraordinary environmental violences that may upset even "sound" constitutions. It is obvious that we must await great advances in eugenic and euthenic education before we can expect any marked reduction in the deplorable incidence of the many varieties of "nervous breakdowns."

If one keep all the foregoing matters in mind when studying the nature of a neurosis or a psychosis in a woman precedent to the planning of the therapeutic regimen for her, one can often gain an understanding of its origin and mode of development—of its fundamental pathogenetic determinants, of the accessory factors that have shaped and colored it, and of the provocative factors that have precipitated it at a given time—that will prove to be of the greatest help in directing the further life of the patient;[11] without such a comprehensive view of the whole architecture of her nervous and mental derangement, suitable treatment can scarcely be projected and there may be failure to secure the success that might have followed upon the application of measures based upon a better knowledge of the constitutional and situational factors concerned and of their relative significance.

[11] Birnbaum (K.). Der Aufbau der Psychose. Berlin, 1923. 160 p.

Management of the Individual "Nervous Woman"

Turning now to the actual guidance of neurotic women by physicians, we may roughly divide them into *three groups*: (1) a group in which the disturbances are so severe that the safety of the patient or of those about her makes internment in a closed institution imperative; (2) a group in which the disorders are less marked but are still of sufficient gravity to demand treatment, at least for a time, away from home, say in a general hospital, an open sanitarium, or a nursing home; and (3) a group in which the disturbances are so mild as to permit of treatment at home, at a physician's office, at a neuropsychiatric outpatient department, or by medical officers of a local Society for Mental Hygiene.

In the *first group* obviously belong, for example, those suffering from violent maniacal outbreaks, from melancholias with strong suicidal impulses, from schizophrenic states with ideas of persecution and menacing impulses, or from dementia paralytica in its more advanced stages. Upon the treatment of such psychotic women in closed institutions I shall not dwell, for this is best left entirely to institutional psychiatrists. Nor shall I comment here upon those women patients who, because of mental defects, require permanent residence in almshouses and in colonies for the feeble-minded, or those who, because of criminological tendencies, are cared for in jails, penitentiaries, reform schools and houses of correction. The important functions of the general practitioner in connection with women of this first group are, first, to recognize the necessity of such protective and deterrent internment, and, second, to persuade families, friends or the necessary authorities promptly to arrange for this internment in well-conducted institutions before the patients do themselves personal harm and before they do serious injury to others.[12]

[12] Yellowlees (H.) and James (G. W. B.). Certification in mental disorders from medical and social aspects. Brit. M. J., Lond., 1924, ii, 707–714.

Lord (J. R.). Lunacy law and institutional and home treatment of the insane. J. Ment. Sc., Lond., 1923, lxix, 155–162.

Whisman (H. S.). Commitment procedure and state hospital. Ment. Hyg., N. Y., 1923, vii, 357–364.

It is rather with the guidance of the lives of the *second* and *third groups* that practitioners other than specialists in psychiatry and in penology are more directly concerned. The treatment of women suffering from milder psychoses and from severer forms of the psychoneuroses should, in my opinion, for a time at least, be carried on in hospitals, sanitaria, or nursing homes, in which the practitioner can have the patient under his close supervision, undisturbed by family or friends, and where expert nursing, special dietotherapy, massage, hydrotherapy, mechanotherapy, occupational therapy and psychotherapy can be satisfactorily applied. No physician should attempt to treat a member of his own family, or any person who is "too near to him" in any way; his relatives and close friends will do better under the care of some colleague. For the third group, domiciliary or office treatment (with continuance of contact with family and general society) may be feasible; it can be successful, however, only when the nervous and mental disturbances are of a less grave type, or when, if belonging to graver types, they are fortunately recognized and subjected to efficient management in their incipiency.

Not every psychoneurotic or psychotic patient needs a "rest cure"; for some a "work cure" may advantageously be advised from the beginning. But for many patients a preliminary "rest cure"[13] is a distinct advantage. One of the important features that contributed to the success of Weir Mitchell's method of treatment of the emaciated "nervous woman" by rest, isolation and forced feeding lay in the establishment, at the very start, of implicit "medical obedience"; and this is far easier to gain under the conditions that Weir Mitchell imposed[14] than when the patient remains at home or has frequent interviews with members of her family or with her friends. The so-called "rest and isolation cure" has been much abused, partly because of the failure of its abusers to recognize that no two neuropathic patients are alike and that careful individualization of the regimen according to the single patient's needs is essential to success,

[13] Dercum (F. X.). Rest, suggestion and other therapeutic measures in nervous and mental diseases. 2d ed., Phila., 1917, 595 p. 8°.

[14] Mitchell (S. Weir). Fat and blood and how to make them. Phila., 1877, Lippincott. 101 p. 12°.

partly because the physical side of the therapy has been emphasized to the neglect of the psychical. But variously modified rest and general upbuilding cures in which preliminary protective measures are followed by measures that involve gradually increasing exertion and in which physical and psychical therapy are suitably combined, are, in the hands of those skilled in applying them, still the sheet-anchor of safety for those of their patients who are too ill to be treated in their own homes. It is surprising how rapidly many neurotic and mildly psychotic women will respond favorably when kept in bed, under isolation (except for physician, nurse and masseuse), with careful attention to all physical and psychical needs, in an atmosphere of scrupulous order, of friendly understanding, of judicious sympathy and of legitimate encouragement. Patients who are undernourished, easily fatiguable, "exhausted," restless, irritable and sleepless seem to do especially well in these circumstances, often becoming quieter, eating better, and sleeping more naturally after they have followed the prescribed schedule for only a few days. But even the "fat psychoneurotic" may be benefited, too, by a preliminary period of rest and isolation, with maintenance of an appropriate diet, for it is quite possible, as every dietitian knows, to make overnourished patients reduce their weight and, at the same time, increase their strength even while they lie in bed. The simpler the regimen employed compatible with the meeting of the fundamental indications for therapy, the better. Many of the failures of treatment are due to an overbusy meddlesomeness; by far the majority of neurotic patients will respond more quickly and more satisfactorily to ordinary common-sense measures for building up the general health and strength and to a simple explanatory, persuasive and re-educative psychotherapy than they will to a fussily complicated physical and pharmaceutical polypragmasia or to an excessively elaborated psychoanalytic technique. A few days of milk diet followed, unless definitely contra-indicated, by an abrupt change to an all-round mixed diet suited to the patient's caloric needs; much physical and psychical rest with, later on, short periods of gentle exercise interspersed; suitable attention to the bowels, and to sleep; skilful nursing and massage; mild hydrotherapeutic

procedures; and mere soothing and reassuring psychotherapy will, in a great many instances, be followed by the rapid disappearance of many of the symptoms that have been, even for a long time before, very disturbing. Just as we give the heart or the kidneys or the digestive tract temporarily less work to do when unequal to the ordinary demands of life, so we do well temporarily to give the higher regulatory mechanisms of the nervous system less work to do when they are insufficient for the ordinary demands of life; we keep the patient out of complex situations for a time, make all decisions for her, and make demands upon the inferior and subordinate vegetative functions only while the superior regulative apparatuses are for the time being relieved of activity. Speaking figuratively, we attempt by instituting a regime of "psychic economy" to accumulate a "psychic surplus"; this can scarcely be accomplished where "psychic expenditure" is permitted to exceed "psychic income."

When single symptoms are particularly troublesome, ameliorative pharmacotherapy may be temporarily helpful: for severe and prolonged *insomnia* an occasional dose of a barbital derivative (combined with pyramidon if there be headaches, psychalgias or marked restlessness); for disturbing *palpitation* a little bromide or an occasional dose of the compound choral and bromide mixture of the National Formulary; for obstinate *constipation* an abundant intake of water on waking in the morning, and a little mineral oil or agar agar or one or two Trousseau pills night and morning; for *nervous hyperacidity* a powder of bicarbonate of soda, bismuth and belladonna; for *hysterical manifestations* preparations of valerian or mild suggestive electrical and water treatments; and for paroxysmal attacks of *great restlessness or anxiety* hydrotherapy and small doses of hyoscin, of luminal, or of allonal, or divided doses of barbital, may be found expedient. The greater the experience of the physician, however, the less he will rely upon drugs and the more he will trust to general physical measures, to psychotherapy and to re-education to normal habits for the relief of the complaints of his psychoneurotic patients. He does best by assuring them that a little patience, a certain willingness to bear necessary ills until they pass, and a ready compliance with the general rules that he lays down will be more effective than querulous intolerance of symptoms, petulant demands for immediate symptomatic relief, anger at them-

selves for being nervously ill, or insistence upon acquiescence in their own preconceived ideas of what should be done for them. Kindly sympathy on the part of the physician with firm and steady control will usually succeed; lack of sympathy with, or of insight into, the peculiar sufferings of the psychoneurotic woman—scolding her, blaming her, or unnecessarily yielding to her begged-for compromises—are almost sure to fail. Here the psychotherapeutist needs truly to be as wise as the serpent and as harmless as the dove! A little recalcitrant at first, perhaps, the psychoneurotic patient soon learns to appreciate the sympathy, the friendliness, the calmness, the steadiness, and the systematically planned and conducted regimen of her medical director. And, if a little humor can be judiciously injected into the therapeutic campaign, everything is made easier for all concerned. Fortunate the neurotic patient who can receive from her physician the gift asked for by Rhinthon of Syracuse: "With a ringing laugh and a friendly word over me do thou pass by!"

When the period of rest and protection of the nervous system should, in the physician's judgment, give place to the period of increasing exertion, he must decide just how to have the patient return gradually to the exercise of the bodily and mental functions. Muscular exercise can be begun by resistance movements in bed, to be followed, when the patient is allowed to be up, by walking, riding, gardening, or games in the open air. The soothing hydrotherapy of the protective period may be gradually replaced by a more stimulating and hardening hydrotherapy. Similarly, the mental rest, the warm sympathy, the restricted environment, the encouragement to resignation and non-resistance, and the removal of the necessity of independent decisions, which characterized the psychotherapy of the preliminary treatment, must be modified, by degrees, as the period of stimulating psychotherapy is entered upon.[15]

The patient should now be slowly re-educated to work and to mental self-dependence; she should be permitted increasingly to emancipate herself from obedience to the physician and should be encouraged to substitute therefor an intelligent and courageous self-direction as rapidly as she becomes capable of it. In the

[15] *Cf.* Barker (L. F.), Byrnes (C. M.) and Burrow (T.). Neurasthenic and psychasthenic states, including the phobias. *In:* Therap. Int. Diseases (Forchheimer). N. Y., 1913, iv, 516–581.

transition period, interesting and pleasurable work that makes demands upon ever closer attention and skill of the worker may be profitably undertaken under the direction of a teacher of occupational therapy;[16] for women who must make their own living, technical instruction that will be of economic value later may be desirable, whereas for the well-to-do, in addition to handwork of some sort, occupation in intellectual, artistic, or scientific pursuits may be more helpful.

Now, too, is the time for the systematic medical pedagogy[17] that will give the patient an insight into the nature and causes of her symptoms, a knowledge of the methods of cure, of mitigation, and of prevention, and a training in the control of the emotions and in the exercise of the will that will aid her to regain and to maintain her nervous and mental integrity. As Pierre Janet has said, "The best educator is the one who knows how to stimulate."[18] New tendencies may have to be acquired by the patient or old ones regained; pathological inhibitions may need to be removed and normal impulses facilitated; latent energies are to be mobilized; the psychological tension has to be raised to a normal level, and a certain equilibrium of the various mental functions preserved. Thus self-confidence can sometimes be made to return; the neurotic symptoms to disappear; and the whole behavior to be altered in a favorable way.

In applying psychotherapy,[19] use should be made of suggestion,

[16] Dunton, Jr. (W. R.). Occupational therapy by the general practitioner. Arch. Occupational Therapy, 1924, iii, 205–210.

Chappell (S. L.). Occupational therapy for neuropsychiatric cases. *Ibid.*, 1924, iii, 213–215.

Round Table Discussion. On crafts best suited for mental and nervous patients. *Ibid.*, 1923, ii, 221–231.

[17] Dubois (P.). The psychic treatment of nervous disorders. Eng. Transl. by S. E. Jelliffe. N. Y., 1905, 471 p. 8°.

[18] Janet (P.). The principles of psychotherapy. N. Y., 1924, Macmillan, 352 p.

[19] Dejerine (J.) and Gauckler (E.). The psychoneuroses and their treatment by psychotherapy. Transl. by S. E. Jelliffe. 2d ed. Phila., 1915, Lippincott. 408 p.

Schultz (J. H.). Psychotherapie. Leipzig, 1923. Thieme. 181 p. 4°.

Ross (T. A.). Common neuroses; their treatment by psychotherapy. London, 1923. E. Arnold. 267 p., 8°.

of persuasion, of re-education and of psychoanalytical catharsis, always according to the particular levels of the hierarchical psychic organization that are accessible to therapeutic intervention. When the levels to be reached are those of the infantile (or puerile) psyche, the measures that are likely to be successful at first are similar to those that wise parents find useful in "bringing up" their children; when there is reversion to the antiquated psyche of primitive peoples, one should not disdain temporarily to resort to the tactics of the chief, or of the medicine-man, of the tribe! But as the higher regulatory mechanisms[20] develop (or recuperate), the pedagogical methods employed may be altered to correspond to the higher human needs; for at the levels of function that have to do with the welfare of social groups and of mankind at large and with the cultivation of relations to the "world as a whole" and to "God," the management of the neurosis may need to be very different from that which is efficacious at the levels of functions that are concerned only with self-preservation and with sexuality.

In all forms of psychotherapy a knowledge of the feelings and impulsions that are prone to accompany the several instinctive tendencies and of ways of influencing them to normal expression will be found to be helpful. Conflicts between instinctive strivings should be sought for and solved. The cravings for food, for sexual gratification, for the esteem and affection of others, for congenial companionship, for satisfaction in work and activity, for economic security, for personal power and prestige, for knowledge and beauty, for the welfare of family and posterity, for the good of the community, of the nation and of mankind, and for the development of a noble character and right living in accordance with the highest human ideals of modesty, self-control, justice and charity represent a series of emotional levels ascending

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Walsh (J. J.). Psychotherapy. Rev. ed. N. Y., 1923, Appletons. 846 p. 8°.

Hinkle (B. M.). Recreating of the individual. N. Y., 1923. Harcourt, Brace & Co. 465 p.

Yellowlees (H.). A manual of psychotherapy. London, 1923, Black. 262 p. 8°.

[20] v. Monakow (C.). The emotions, morality and the brain. N. Y. Nerv. & Ment. Dis. Pub. Co., 1925, 95 p.

from the lowest egoistic to the highest altruistic strata. Collisions among these cravings are inevitable; in early life, the instinct of self-preservation is dominant; in middle life the instincts of race preservation and of acquisition may be supreme; whereas in later life the social, aesthetic and ethical impulses may prevail. In neuroses and psychoses we observe the most varied changes in the emotions and impulses; in these abnormal states the emotional values that are the latest to develop are often the first to disappear, the social and ethical impulses fostered by education and training tending to give way to a revival and perversion of the more primitive appetites and impulses that are concerned with self-protection and with sexuality; chronic attitudes of defense may develop, often against dangers that are wholly imaginary; and the negative feeling-tones that we meet with in "depression" and "bitterness" prevail at the expense of the normal feeling-tones that characterize "health" and "joy in life." In the deteriorative states, as I have already said, there may be, as a result of "dissolution" of the emotional life, a descent to the levels of infancy and of the primitive stages of culture, but without any of their impulsions to rise to higher goals.

The treatment of the *third group* of neurotic women, at home, at the physician's office, and in dispensaries can be carried out, *mutatis mutandis,* according to the same principles of psychic economy and psychic stimulation that have been referred to as applicable to patients of the second group. The family physician should know better than anyone else the constitutional tendencies and the situational difficulties of these patients, and if he but have common sense, a sympathetic nature, the capacity to inspire confidence and liking, a good training in general medicine, and a certain *flair* for psychodiagnosis and psychotherapy, he should be able to give them the help that they need. If he will inquire into the patient's plans for her life, will discover in how far "aims at enjoyment" prevail over "aims at accomplishment," will ferret out cautiously any melancholic, hypochondriacal, or persecutory ideas that may be harbored, will determine the prevailing mood and whether any disturbing emotional conflicts or any over-accented impulsive drives that make adjustments diffi-

cult exist, will estimate what is usually called the "moral stamina" or "strength of will," the power of self-control and of making decisions promptly and abiding by them, he will have made a good start. Should he become convinced that a more profound psychoanalysis[21] (based upon the technique of free association or of dream interpretation) is important because of repressions, emotional transferences and resistance, psycho-sexual fixations, or puzzling symbolisms, he may call a psychiatrist temporarily to his aid. After an insight into the mechanisms of the neurotic behavior has thus been gained and has been imparted to the patient, the physician can treat any somatic disturbances that exist and decide how best to lead the patient to abolish his neurosis by a schedule of work, of rest, and of recreation and by the opening up of suitable channels of sublimation. The coöperation of the patient's family must of course be secured; if this be impossible, treatment at home will fail.

The patient's feelings of inferiority may often be gradually overcome by a program of activities that are well within the patient's powers, so that the sense of failure is displaced by the enjoyment that accompanies a series of successes. The path of the neurotic is often consciously or unconsciously directed toward a combatting of the feeling of inferiority and toward gratification of the feelings of security and of superiority;[22] but such path is rarely well chosen by the patient unaided. Instead of facing reality squarely, the neurotic woman is all too prone to sidestep it, and to try to overcome her feelings of abasement by an overcompensatory process, either of abnormal aggressiveness or of abnormal submissiveness. Though Adler may have over-emphasized the importance of the "inferiority complex" and its influence upon the patient's striving for a way of living by which she may attain to "the goal of perfection, superiority and godlikeness" when he tried to make it applicable to every case, I believe that the conception is a very useful one for the under-

[21] Jelliffe (S. E.). Technique of psychoanalysis. 2d ed. N. Y., 1920. Nerv. & Ment. Dis. Pub. Co.

Brill (A.). Psychoanalysis; its theories and practical application. 2d ed. Phila., 1914, W. B. Saunders Co. 400 p. 8°.

[22] Adler (A.). The neurotic constitution. N. Y., 1917 Moffatt, Yard & Co., 481 p. 8°.

standing of the symptoms in at least many instances. If the physician will assume (1) that the patient has an obstinate and deep-rooted feeling of inferiority and (2) that she, despite this, will strive after power, he can often, by imagining himself in her place, get clues to the real psycho-biological meaning of her psychoneurotic behavior. For neurotic symptoms may be the weapons unconsciously used in a fight for the evasion of the normal demands of life (sex, work, society, community service and other duties and responsibilities) and for the substitution of a state of seeming superiority and security for one of felt inferiority and uncertainty. By tactfully revealing to the patient how her behavior may be looked upon from this point of view, how her plan of life and its false goals should be altered, it may be possible to re-educate her to more normal social contacts and to more courageous and fitting responses to the logical demands of her life. As Lord Grey has emphasized in his recent memoirs, the first thing in diplomacy, as in all other forms of human intercourse, is to understand the point of view of the other side; when men and women "see that they are understood, they are themselves predisposed to understand."

That much can be accomplished in the treatment of neurotic and psychotic women by the application of the various methods I have referred to, there can be no doubt. But the impossible should not be expected, either by the patient or by the physician. There are rigid limitations to the successes that are attainable in each single case, limitations that are set sometimes by the existence of irremediable organic disease, sometimes by the defects of the constitution of the patient, sometimes by certain unalterable conditions of her environment, and often by the immaturity of the sciences of psychology and psychiatry and by our lack of skill in making application of the knowledge that already exists to the solution of the special therapeutic problems that confront us.

The physician who would treat these cases can learn much from recent treatises on psychiatry and psychotherapy; a wealth of literature is now at his disposal in our own and in other tongues.[23]

[23] *Cf.* Bleuler (E.). Textbook of psychiatry. Auth. Engl. Transl. by A. A. Brill. New York, 1924, Macmillan. 635 p.

If he have been fortunate enough to have read widely in the non-medical literature that deals with the lives of men and women, with their emotions, their struggles, their ideals, their successes and their failures, the knowledge thus gained will also stand him in good stead; for the poets, the dramatists and the novelists have recorded intuitively much that is of importance for modern neurology and psychiatry. The physician who has seen the life of woman through the eyes of the Greek tragedians (Aeschylus, Euripides and Sophocles), of the great poets and dramatists (like Dante, Shakespeare, Racine, Goethe and Wagner), of the novelists of insight (like Tolstoi, Chekhov, Balzac, Jane Austen, George Meredith, Thomas Hardy and Joseph Conrad) may have learned more that is useful for the purposes under consideration than he could have obtained from the medical textbooks, at least up to a few years ago. But for fruitful psychotherapy one thing is more important than anything else—the physician who is to have any large success in the guidance of neurotic patients must himself have lived.[24] He must himself have attained to sufficient clarity regarding the goals of living, must himself have enjoyed and suffered, succeeded and failed, and must himself have learned how adequately to exercise all his own functions in ways compatible with his welfare and with that of others. For, after all, is not life itself the best textbook whence to learn about the guidance of life?

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White (W. A.). Outlines of psychiatry. 9th ed. N. Y., 1923. Nerv. & Ment. Dis. Pub. Co. 372 p.

[24] Maeder (A.). The physician's personality and psychotherapy. Schweiz. med. Wchnschr., 1924, liv, 473–479.